

2013 DRAFTING REQUEST

Bill

Received: 9/27/2013 Received By: tdodge
Wanted: As time permits Same as LRB:
For: Joe Sanfelippo (608) 266-0620 By/Representing: Andrew Hanus, AJ, Josh
May Contact: Andrew Hanus (Speaker's office) Drafter: tdodge
AJ, Rep. Severson's office Addl. Drafters:
Subject: Mental Health - miscellaneous Extra Copies:

Submit via email: YES
Requester's email: Rep.Sanfelippo@legis.wisconsin.gov
Carbon copy (CC) to: tamara.dodge@legis.wisconsin.gov

Pre Topic:

No specific pre topic given

Topic:

Changes to mental health benefits and prior authorizations in Medical Assistance program;
reimbursement for mental health services in Medical Assistance program

Instructions:

See attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	tdodge 10/6/2013			_____			
/P1	tdodge 10/9/2013	csicilia 10/10/2013	jfrantze 10/10/2013	_____	lparisi 10/8/2013		
/P2	tdodge			_____	sbasford		State

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
	10/10/2013			_____	10/10/2013		S&L
/1		csicilia	jfrantze	_____	sbasford	lparisi	State
		10/11/2013	10/11/2013	_____	10/11/2013	10/18/2013	S&L

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At
Intro.

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1 gs 10/11/13 Jb 10/11

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Handwritten: 12 jgs 10/10/13
Handwritten: [Signature] ~~10/10~~
Handwritten: <END> 10/10

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For:	Erik Severson (608) 267-2365	By/Representing:	AJ Scholz
May Contact:		Drafter:	tdodge
Subject:	Mental Health - miscellaneous	Addl. Drafters:	
		Extra Copies:	

Submit via email: **YES**
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/?	tdodge	<i>pl js 10/8</i>	<i>to 10/8</i>				
		<i>13</i>					

FE Sent For:

<END>

Dodge, Tamara

From: Scholz, AJ
Sent: Friday, September 27, 2013 11:56 AM
To: Dodge, Tamara
Cc: Hanus, Andrew
Subject: Changes to MA Prior Authorization

Hello Tami,

The Speaker's Task Force will be making the following recommendations and we would like to get the all incorporated into one bill.

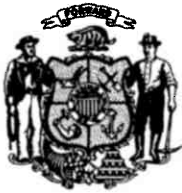
- 1) Allow children with severe emotional disturbance (SED) to access in-home therapy without requiring them to first fail at outpatient therapy.
- 2) Allow qualifying families to participate in in-home therapy even if their child is enrolled in day treatment programs.
- 3) Reduce MA outpatient prior authorization form to these elements: diagnostic criteria and symptoms, patient and provider identification, modality and frequency of treatment, goals, and discharge criteria for treatment.

Thank you for your help, please let me know if you have any questions.

Sincerely,

AJ Scholz

Office of Representative Erik Severson
608-267-2365
221 North, State Capitol



State of Wisconsin
2013 - 2014 LEGISLATURE



LRB-3279?

TJD:L....

RMR

In: 10/6/13

Due Wed
10/9 if
possible

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

gis

Gen. Cat

1 AN ACT...; relating to: mental health benefits under the Medical Assistance
2 program

Analysis by the Legislative Reference Bureau

This is a preliminary draft. An analysis will be provided in a subsequent version of this draft.

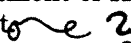
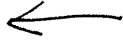
The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

3 SECTION 1. 49.45 (29w) of the statutes is created to read:

4 49.45 (29w) MENTAL HEALTH SERVICES. In providing mental health benefits
5 under this subchapter, the department shall do all of the following:

6 (a) Allow a severely emotionally disturbed child, as defined in sub. (25) (a), to
7 access in-home therapy without having to show a failure to succeed in outpatient
8 therapy.

9 (b) Allow qualifying families to participate in in-home therapy even if a child
10 in that family is enrolled in a day treatment program.

****NOTE: The definition of "qualifying family" should be included here. Otherwise, the Department of Health Services will just determine which families qualify. Is that your intent?  ? 

1 (c) Limit the prior authorization form used to obtain outpatient mental health
2 services to the following elements:

- 3 1. Diagnostic criteria and symptoms.
- 4 2. Patient identification.
- 5 3. Provider identification.
- 6 4. Modality and and frequency of treatment.
- 7 5. Goals of treatment.
- 8 6. Discharge criteria from treatment.

****NOTE: In this draft, the limitations on the outpatient prior authorization form are for mental health services only. Is that your intent? Is "mental health services" the appropriate description or do you want to further explain which services this limitation on the form applies to?

9 (END)

Dodge, Tamara

From: Hanus, Andrew
Sent: Tuesday, October 08, 2013 7:29 PM
To: Rep. Sanfelippo; Hoisington, Joshua; Dodge, Tamara
Cc: Scholz, AJ
Subject: Draft: MA Prior Authorizations
Attachments: 13-3279_P1.pdf

Rep. Sanfelippo,

Attached please find the bill draft for MA prior authorizations as discussed by the Mental Health Task Force. In order to ensure we can get this bill on the floor in November, a co-sponsorship (with a /1 draft) will need to go out by Monday, October 14, and close on Friday, October 18. Also, since this is only a P draft, please make sure it fits with your intent. That said, I think it is understood by everybody involved that some of the mental health task force bills will require modification in committee.

Tami,

Please give Rep. Sanfelippo and his staff control over the attached bill draft.

Contact me with any questions.

Thanks,

Andrew

Andrew Hanus
Office of Assembly Speaker Vos
211 West, State Capitol
Phone: (608) 266-9171

Telephone conference with
AJ: Rep. Severson's office
gives permission to turn
draft over to Rep. Sanfelippo

In addition to the basic program requirements set forth in the statutes, the bill allows OJA to establish additional eligibility requirements, criteria, and procedures that a county must meet in order to be eligible for the program. The bill expressly provides that OJA is not required to promulgate administrative rules in establishing criteria for the grant program.

MEDICAL ASSISTANCE (MA)

Simplify MA Prior Authorization Requirements for Mental Health Therapy

Background

Under current DHS policy, prior authorization is required before mental health therapy may be provided under MA.

Recommendation

Implement changes to MA's prior authorization process to increase access to mental health therapy as follows:

- Allow children with severe emotional disturbance (SED) to access in-home therapy without requiring them to first fail at outpatient therapy.
- Allow qualifying families to participate in in-home therapy even if their child is enrolled in day treatment programs. In-home therapy with families can complement the gains that children make during the day in mental health day treatment.
- Reduce the MA outpatient prior authorization form to these elements: diagnostic criteria and symptoms, patient and provider identification, modality and frequency of treatment, goals, and discharge criteria for treatment.

Provide MA Reimbursement For Tele-Healthcare Provided by Out-Of-State Physicians

Background

Mental Health and Substance Abuse TeleHealth is generally described as the use of telecommunication equipment to link mental health and/or substance abuse providers and consumers in different locations. TeleHealth is sometimes referred to as telepsychiatry, however treatment professionals other than psychiatrists may use telehealth.

According to the DHS Community Mental Health and Substance Abuse Prevention and Treatment Block Grant Application for fiscal year 2014-15, the use of TeleHealth for mental health and substance abuse services in Wisconsin has been increasing since 2007. TeleHealth is used approximately twice as much for mental health services compared to substance abuse services. TeleHealth seems to be currently used more often for regular outpatient services and less for emergency/crisis services and psychosocial rehabilitation programs.

Add to
MA/MH
draft per
Josh
on 10/9

There were 113 TeleHealth certifications in Wisconsin in 2012 for an array of MH/AODA services. The number of providers offering TeleHealth is less than the 113 certifications as some providers are certified to provide multiple TeleHealth services.

Under current DHS policy, MA reimbursement for TeleHealth is provided only for services provided by professional staff who are affiliated with a program that is certified under one of the following chapters: DHS 34, Emergency Mental Health Service Programs; DHS 36, Comprehensive Community Services Programs; DHS 40, Mental Health Day Treatment Services For Children; DHS 61, Community Mental Health and Developmental Disabilities; DHS 63, Community Support Programs for Chronically Mentally Ill Persons; or DHS 75, Community Substance Abuse Services, Wis. Adm. Code.

Recommendation

Allow MA reimbursement of Wisconsin-licensed physicians providing services to MA patients via telehealthcare from an out-of-state location.

HIPAA AND ELECTRONIC MEDICAL RECORDS

Background

The federal Health Insurance Portability and Accountability Act (HIPAA) law allows for broader disclosure of medical records among treatment providers than does the Wisconsin law. HIPAA law provides that if the state law provides greater privacy protections to patients than HIPAA does, the state law provisions, rather than the HIPAA provisions, apply. Therefore, Wisconsin's provisions supersede HIPAA law. Wisconsin law on the confidentiality of mental health treatment records generally provides that all treatment records must remain confidential and are privileged to the subject individual. Generally, these records may be released only to designated persons with the informed written consent of the subject individual. [s. 51.30, Stats.] In addition, the Wisconsin definition of "treatment records" does not include notes or records maintained for personal use by an individual providing treatment services for DHS, a county department, or a treatment facility, if the notes or records are not available to others. [s. 51.30 (1) (b), Stats.]

Wisconsin law permits the release of records to a health care provider, or to any person acting under the supervision of the health care provider who is involved with an individual's care, if necessary for the current treatment of the individual. However, as stated above, the information that may be released under this provision is limited to the following:

- The individual's name, address, and date of birth.
- The name of the individual's provider of services for mental illness, developmental disability, alcoholism, or drug dependence.
- The date of any of those services provided.

Dodge, Tamara

From: Hoisington, Joshua
Sent: Wednesday, October 09, 2013 1:47 PM
To: Dodge, Tamara
Subject: RE: Draft: MA Prior Authorizations

Tami,

As long as the person is licensed in WI and practices in WI it doesn't matter what state they live in. Federal policy allows this type of reimbursement but the state of WI does not.

For your benefit, I will find the testimony of Karl Rajani during a Task Force hearing where he spoke about this issue in more detail.

Best Regards,

Josh Hoisington
Office of Representative Joe Sanfelippo
15th Assembly District
608.266.0620

From: Dodge, Tamara
Sent: Wednesday, October 09, 2013 1:04 PM
To: Hoisington, Joshua
Subject: RE: Draft: MA Prior Authorizations

Josh,

I have a question on the telehealth portion of the MA draft. Who is out-of-state? As I understand, the physician to be reimbursed is licensed in Wisconsin and the MA recipient/patient would be a Wisconsin resident receiving Medical Assistance under Wisconsin's program. So is the WI licensed physician to be reimbursed out-of-state or is there another provider consulting from out-of-state and the plan is to make sure the in-state WI physician is reimbursed for the consultation?

Tami

Tamara J. Dodge
Attorney
Wisconsin Legislative Reference Bureau
P.O. Box 2037
Madison, WI 53701-2037
(608) 267 - 7380
tamara.dodge@legis.wisconsin.gov

From: Hoisington, Joshua
Sent: Wednesday, October 09, 2013 9:11 AM
To: Dodge, Tamara
Subject: RE: Draft: MA Prior Authorizations

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Office of Representative Joe Sanfelippo
15th Assembly District
608.266.0620

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Phone: (608) 266-9171

Using Telepsychiatry to Improve Access and Cut Costs

Testimony Provided to:

Speaker's Task Force on Mental Health

July 23, 2013

By

Karl Rajani, President

American Telehealthcare

www.americantelehealthcare.com

A Division of:

Horizon Healthcare, Inc.

www.horizonhealthcareinc.com

An Affiliate of:

Matt Talbot Recovery Services, Inc.

www.mtrcinc.com

285 N. Janacek Road
Brookfield, WI 53045

(Note: Only the sections on telepsychiatry and the recommendations were delivered orally.)

14. Forty-three percent of referring physicians in Wisconsin reported having difficulty finding a psychiatrist or other mental health professional to refer their patients to. This was the highest percentage of any specialty.
15. The Kaiser Family Foundation estimated that as of February 2012, Wisconsin was short 150 psychiatrists.
16. In 2012, Wisconsin psychiatrists earned a mean income of \$205,060, the 9th highest in the nation, compared to a national average of \$177,520.
(<http://www.bls.gov/oes/current/oes291066.htm>).

It is clear from the foregoing discussion that there is a severe shortage of psychiatrists in Wisconsin and nationwide. The result is often an inability of people to manage or cope with their lives, to become dysfunctional, and to engage in violence and other forms of anti-social activities; with all that entails for a civil society.

Undoubtedly, your Task Force is considering a number of solutions for addressing the shortage of psychiatrists. I would like to submit that telepsychiatry can be one such solution.

What is Telehealthcare?

Telehealthcare is the use of medical information exchanged between an “originating site”, where the patient is located; and a “distant site”, where the physician or other healthcare provider is located. The medical information is transmitted electronically over a HIPAA-compliant network. The objective of a telehealthcare session is to deliver patient care services electronically, through video-conferencing, transmission of still images, remote monitoring of vital signs, and electronic prescription of drugs.

The actual delivery of telehealthcare services is achieved using one of two methods:

1. Synchronous. ***This is live, real-time two-way interactive communication.*** In the early days of telehealthcare, the communication was often via a telephone. Today, of course, the medium is video conferencing.
2. Asynchronous. This is when the medical information is not transmitted in real time. Rather, the information is forwarded electronically and stored for review at a later time. An example would be the transmission and storage of x-rays and other diagnostic images, for later review by a radiologist.

The equipment and technology that are required for the telehealthcare session are actually quite simple and inexpensive. First, at both the originating site and the distant site, a computer with a webcam and high speed internet access, and a decent monitor, are required. The patient and the provider are seated respectively in front of their monitor. In the case of the provider, the monitor will likely be a 42-inch smart TV. A connection is then made by a technologist using HIPAA-compliant video-conferencing software. The patient and the provider are then able to communicate “face-to-face”. Even though they are not physically in the same location, they are

in the same virtual location. This is because the meeting room is cloud-based. It is a goal of telehealthcare to make the patient feel that he or she is in the physical presence of the provider within the first 90 seconds of the session.

For those who may be skeptical about telehealthcare, think of the news programs that you see on TV, such as CNN or Fox. During the newscast, guests will invariably be connected to the anchor via a video-link. Imagine now that the anchor is the physician, and the guest is the patient. I think you get the picture.

The originating site, where the patient is located, is usually a hospital, a physician's office, an outpatient clinic, a nursing home, or a community health center. In Wisconsin, an originating site has to be licensed as such by the Wisconsin Division of Quality Assurance. The licensing process requires a site visit by a State official, which includes: review of policies and procedures (including HIPAA compliance, and offering the patient the option not to receive telehealthcare services), and assurance that the communication technology meets standards for speed, visual and audio clarity, and connectivity. The distant site, where the provider is located, can likewise be the provider's office or clinic, a healthcare facility, or even the provider's home.

Our company, American Telehealthcare, is a division of Horizon Healthcare, Inc., based in Brookfield. Horizon Healthcare has been in existence since 1990. We provide mental health and other behavioral healthcare services in outpatient clinics, community-based residential facilities, transitional living facilities, and prisons throughout the State. We now (since March 2013) operate six locations in southeastern Wisconsin that are licensed as telehealthcare sites by the State.

At American Telehealthcare, we have developed a proprietary platform, AT E-Psychsm that integrates the actual delivery of telehealthcare services with other electronic functions, in order to provide a complete electronic infrastructure, including: electronic prescription of controlled substances, electronic medical records, electronic scheduling, and electronic billing and collection.

The single most significant advantage of telehealthcare is that it eliminates geographical boundaries. All our exam rooms are cloud-based, thus providing tremendous flexibility in providing patient care services efficiently and effectively. For example, by clicking a mouse, our chief psychiatrist, working out of his house in Mequon, is able to provide services to patients in Milwaukee, Oak Creek and Greenfield; effortlessly moving from the Milwaukee virtual exam room, to the Oak Creek virtual exam room, to the Greenfield virtual exam room. Oftentimes, the psychiatrist may be in one physical location, his clinical assistant in a different physical location prepping the patient, while the patient may be in a third physical location. They are able to all meet effortlessly in the cloud.

The benefits of telehealthcare, as I have described it, are fairly obvious. Telehealthcare makes the delivery of services more efficient. It allows our physicians, nurse practitioners, and counselors to service patients in multiple physical locations without having to travel to those locations. By reducing travel times and costs, and by allowing our providers to practice even out

of their homes on a flexible schedule basis (such as evenings and week-ends), we are able to increase scarce human resources.

From the perspective of the patient, we are able to provide greater access. Patients now have greater flexibility in terms of scheduling and access. Surveys that we have done show a very high degree of satisfaction by all patients across all demographics with our telehealthcare service.

Recommendations

So, what is the role that telehealthcare can play in alleviating the shortage of psychiatrists? I will offer some specific suggestions, but confine my remarks to Wisconsin.

As noted previously, only 1% of mental healthcare services in Wisconsin are delivered using telehealthcare. The State of Wisconsin can implement strategies to spur the growth of telehealthcare. How?

Require private insurance companies to reimburse for telehealthcare services. Nineteen states have enacted legislation mandating this requirement. Wisconsin is not one of them. (Source: <http://www.ncsl.org/issues-research/health/state-coverage-for-telehealth-services.aspx>.)

Change Medicaid policy to allow for reimbursement of Wisconsin-licensed physicians providing services to Medicaid patients via telehealthcare from an out-of-state location. Wisconsin *does* require its Medicaid program to reimburse for telehealthcare services. However, Wisconsin does not allow Wisconsin-licensed physicians located outside Wisconsin (for example, in a border state) to provide services to Wisconsin residents via telehealthcare. Wisconsin-licensed physicians located outside of Wisconsin are able to provide services to non-Medicaid (i.e., private pay or private insurance) Wisconsin residents via telehealthcare. The same option should be accorded to Wisconsin Medicaid patients.

Increase Medicaid reimbursement for basic psychiatric services. The table below compares Medicaid versus private insurance reimbursement rates for four popular service categories. There are virtually no psychiatrists in the State who are providing services to Medicaid patients. This is because the Medicaid reimbursement rates for psychiatric services are wholly inadequate.

Medicaid versus Private Insurance Reimbursement

CPT-4		Private		Difference
Code	Description	Medicaid	Ins.	
90791	Psychiatric diagnostic evaluation by a nurse practitioner	\$55.55	\$81.00	45.81%
90792	Psychiatric diagnostic evaluation by a medical doctor	\$126.46	\$244.25	93.14%
90833	30-minute psychotherapy add-on	\$40.46	\$71.75	77.34%
99213	Evaluation and management of established patient	\$30.30	\$72.50	139.27%

Require all Medicaid HMOs to reimburse for telepsychiatry services provided to their Medicaid patients at the same rate as services provided to their non-Medicaid patients.

Although Medicaid HMOs are required to provide psychiatric services, they have effectively skirted this responsibility by implementing reimbursement rates that are so low, that no psychiatrist can afford to participate.

Licensing of telehealthcare sites. Encourage the Division of Quality Assurance to expedite the process (without relaxing their requirements) for the licensing of telehealthcare sites.

Medical Licensing Compact. As I noted previously, telemedicine makes geographical boundaries irrelevant. Under the U. S. Constitution, the licensing and regulation of physicians is a responsibility of each State. Currently, when a physician seeks a license to practice in more than one state, the process is often a bureaucratic headache. However, in recognition of the promise of telemedicine, the Federation of State Medical Boards (FSMB) “recently approved a policy that would investigate the details of a process to allow states to form interstate compacts. These “formal agreements between states” would greatly streamline and simplify the licensure process for physicians, including telemedicine practitioners, seeking to practice in more than one state.” (<http://ctel.org/2013/07/ama-welcomes-potential-new-interstate-compact-licensure-policy/>) Wisconsin should take advantage of any opportunities to participate in such a compact for physician licensure.

Correctional Facilities. As I noted above, 5% of the psychiatrists in the State work in correctional facilities, which would be the State prisons and County jails. The Department of Corrections should be encouraged to explore the use of telepsychiatry in the prison system.

Psychiatry is the medical specialty that is the most suited for telehealthcare. This is because psychiatric services usually do not require the patient to be touched. Psychiatric services are cognitive-based, as opposed to procedure-based. Procedure-based medicine, such as surgery, is much more lucrative than cognition-based medicine. Telehealthcare enables psychiatrists to be more efficient, and thereby increase their reimbursement. Telepsychiatry can help level the financial playing field for psychiatrists, thereby encouraging more physicians to choose to be psychiatrists.

In summary, telehealthcare can clearly alleviate the shortage of psychiatrists by making them more efficient and dramatically increasing their productivity. Telehealthcare can improve access by remotely deploying psychiatrist to health professional shortage areas and to any other location. Telehealthcare gives greater access and more scheduling flexibility to the patient. And costs are reduced because telehealthcare streamlines the healthcare delivery system in a revolutionary way.

Thank you.



State of Wisconsin
2013 - 2014 LEGISLATURE



LRB-3279/P1
TJD:cjs:jf

In: 10/9/13

Due Thurs
10/10

steps RMNR

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

and reimbursement for mental health services

Gen Cat

1 AN ACT *to create* 49.45 (29w) of the statutes; **relating to:** mental health benefits
2 under the Medical Assistance program

Insert analysis

Analysis by the Legislative Reference Bureau

This is a preliminary draft. An analysis will be provided in a subsequent version of this draft.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 49.45 (29w) of the statutes is created to read: (a)

49.45 (29w) MENTAL HEALTH SERVICES. In providing mental health benefits under this subchapter, the department shall do all of the following:

1. (a) Allow a severely emotionally disturbed child, as defined in sub. (25) (a), to access in-home therapy without having to show a failure to succeed in outpatient therapy.

2. (b) Allow qualifying families to participate in in-home therapy even if a child in that family is enrolled in a day treatment program.

****NOTE: The definition of "qualifying family" should be included here. Otherwise, the Department of Health Services will just determine which families qualify. Is that your intent?

- 1 3. e (c) Limit the prior authorization form used to obtain outpatient mental health
2 services to the following elements:
3 a. e (1) Diagnostic criteria and symptoms.
4 b. e (2) Patient identification.
5 c. e (3) Provider identification.
6 d. e (4) Modality and and frequency of treatment.
7 e. e (5) Goals of treatment.
8 f. e (6) Discharge criteria from treatment.

9 e (c) ****NOTE: In this draft, the limitations on the outpatient prior authorization form are for mental health services only. Is that your intent? Is "mental health services" the appropriate description or do you want to further explain which services this limitation on the form applies to?

(END)

Insert 2-9

1 INSERT ANALYSIS

Under current law, the Department of Health Services (DHS) administers the Medical Assistance (MA) program, which is a joint federal and state program that provides health and long-term care services to individuals who have limited resources. The MA program reimburses certified providers for providing services to MA recipients. Among the health benefits provided to MA recipients are mental health services including, among others, mental health day treatment services and alcohol and other drug abuse services; psychiatric services; mental health and psychosocial rehabilitative services and case management services provided by a community support program; psychosocial and case management services provided by a community-based psychosocial service program; and mental health crisis intervention services. ✓

This bill makes changes to MA program mental health benefits and reimbursement for certain mental health services. The bill requires DHS to allow a child experiencing a severe emotional disturbance to access in-home therapy without first showing a failure to succeed in outpatient therapy. DHS is required, under the bill, to allow certain families to participate in in-home therapy even if one of the children is enrolled in a day treatment program. The bill limits the elements that DHS may require on the prior authorization form used to obtain outpatient mental health services. The bill also specifies that mental health services provided through telehealth by Wisconsin-licensed physicians are reimbursable by the MA program even if that Wisconsin-licensed physician is located outside the state. Telehealth is the use of electronic information and telecommunication technology to provide long-distance health care and education. ✓

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

(END INSERT ANALYSIS)

2 INSERT 2-9

3 (b) 1. In this paragraph:

4 a. "Telehealth" is the use of electronic information and telecommunication
5 technology to provide long-distance health care and education.

6 b. "Telecommunication technology" includes telephone, videoconferencing,
7 Internet sites, streaming media, and wired and wireless communication.

8 2. Mental health services provided through telehealth by ^aphysicians who ^{is}are
9 licensed in this state are reimbursable by the Medical Assistance program under this

- 1 subchapter even if the physician providing the service through telehealth is located
- 2 outside of the state.

(END INSERT 2-9)

Dodge, Tamara

From: Dodge, Tamara
Sent: Thursday, October 10, 2013 6:28 PM
To: Dodge, Tamara
Subject: FW: IPS / other mental health draft

From: Hoisington, Joshua
Sent: Thursday, October 10, 2013 3:53 PM
To: Dodge, Tamara
Subject: RE: IPS / other mental health draft

It is ok for DHS to define it

Best Regards,

Josh Hoisington
Office of Representative Joe Sanfelippo
15th Assembly District
608.266.0620

From: Dodge, Tamara
Sent: Thursday, October 10, 2013 3:40 PM
To: Hoisington, Joshua
Subject: RE: IPS / other mental health draft

No rush, I'm out for a few hours and will be back around 7:00pm this evening.

Thanks,
Tami

Tamara J. Dodge
Attorney
Wisconsin Legislative Reference Bureau
P.O. Box 2037
Madison, WI 53701-2037
(608) 267 - 7380
tamara.dodge@legis.wisconsin.gov

From: Hoisington, Joshua
Sent: Thursday, October 10, 2013 3:39 PM
To: Dodge, Tamara
Subject: RE: IPS / other mental health draft

I will get an answer to you asap

Best Regards,

Josh Hoisington
Office of Representative Joe Sanfelippo
15th Assembly District
608.266.0620

From: Dodge, Tamara
Sent: Thursday, October 10, 2013 3:27 PM
To: Hoisington, Joshua
Subject: RE: IPS / other mental health draft

Josh,

I see that the reason the MA draft (LRB-3279) is still a /P2 is a question I had about "qualifying families" on page 2 of the draft. My concern is that if I say "qualifying families" but don't define it DHS gets to define it. I don't know if DHS could find a way to undermine the intent behind the draft then. If you are comfortable with that, then you can leave it. I just don't know what "qualifying" means.

Once I get your response, I will send out the introducible version, which will be a /1.

Tami

Tamara J. Dodge
Attorney
Wisconsin Legislative Reference Bureau
P.O. Box 2037
Madison, WI 53701-2037
(608) 267 - 7380
tamara.dodge@legis.wisconsin.gov

From: Hoisington, Joshua
Sent: Thursday, October 10, 2013 3:14 PM
To: Dodge, Tamara
Subject: RE: IPS / other mental health draft

Ok. If it's easier for you that will be fine.

Would it be a /1?

Best Regards,

Josh Hoisington
Office of Representative Joe Sanfelippo
15th Assembly District
608.266.0620

From: Dodge, Tamara
Sent: Thursday, October 10, 2013 3:13 PM
To: Hoisington, Joshua
Subject: RE: IPS / other mental health draft

Do you want a totally new LRB number for the MA bill or just an introducible version of -3279? I'd like to keep the bill at the same LRB number but just a new version if possible.

Tami

Tamara J. Dodge
Attorney
Wisconsin Legislative Reference Bureau
P.O. Box 2037
Madison, WI 53701-2037
(608) 267 - 7380
tamara.dodge@legis.wisconsin.gov

From: Hoisington, Joshua
Sent: Thursday, October 10, 2013 2:49 PM
To: Dodge, Tamara
Subject: RE: IPS / other mental health draft

Thank you for your help and the update.

I appreciate getting the IPS bill tomorrow.

Would you also please give us a new LRB in introducible form for the MA bill?

Best Regards,

Josh Hoisington
Office of Representative Joe Sanfelippo
15th Assembly District
608.266.0620



State of Wisconsin
2013 - 2014 LEGISLATURE



LRB-3279/P2
TJD:cjs:jf

In: 10/10/13
after hours

Due Fri
10/11

stays RMR

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

Gen Cat

- 1 AN ACT ~~to create~~ 49.45 (29w) of the statutes; **relating to:** mental health benefits
2 and reimbursement for mental health services under the Medical Assistance
3 program.

Analysis by the Legislative Reference Bureau

Under current law, the Department of Health Services (DHS) administers the Medical Assistance (MA) program, which is a joint federal and state program that provides health and long-term care services to individuals who have limited resources. The MA program reimburses certified providers for providing services to MA recipients. Among the health benefits provided to MA recipients are mental health services including, among others, mental health day treatment services and alcohol and other drug abuse services; psychiatric services; mental health and psychosocial rehabilitative services and case management services provided by a community support program; psychosocial and case management services provided by a community-based psychosocial service program; and mental health crisis intervention services.

This bill makes changes to MA program mental health benefits and reimbursement for certain mental health services. The bill requires DHS to allow a child experiencing a severe emotional disturbance to access in-home therapy without first showing a failure to succeed in outpatient therapy. DHS is required, under the bill, to allow certain families to participate in in-home therapy even if one of the children is enrolled in a day treatment program. The bill limits the elements that DHS may require on the prior authorization form used to obtain outpatient mental health services. The bill also specifies that mental health services provided

through telehealth by Wisconsin-licensed physicians are reimbursable by the MA program even if that Wisconsin-licensed physician is located outside the state. Telehealth is the use of electronic information and telecommunication technology to provide long-distance health care and education.

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 **SECTION 1.** 49.45 (29w) of the statutes is created to read:

2 **49.45 (29w) MENTAL HEALTH SERVICES.** (a) In providing mental health benefits
3 under this subchapter, the department shall do all of the following:

4 1. Allow a severely emotionally disturbed child, as defined in sub. (25) (a), to
5 access in-home therapy without having to show a failure to succeed in outpatient
6 therapy.

7 2. Allow qualifying families to participate in in-home therapy even if a child
8 in that family is enrolled in a day treatment program.

****NOTE: The definition of "qualifying family" should be included here. Otherwise,
the Department of Health Services will just determine which families qualify. Is that
your intent?

9 3. Limit the prior authorization form used to obtain outpatient mental health
10 services to the following elements:

- 11 a. Diagnostic criteria and symptoms.
12 b. Patient identification.
13 c. Provider identification.
14 d. Modality and and frequency of treatment.
15 e. Goals of treatment.
16 f. Discharge criteria from treatment.

17 (b) 1. In this paragraph:

LPS:
please
delete
this note
(it is "hidden"
currently,
but has
not
been deleted)

a. “Telehealth” is the use of electronic information and telecommunication technology to provide long-distance health care and education.

b. “Telecommunication technology” includes telephone, videoconferencing, Internet sites, streaming media, and wired and wireless communication.

2. Mental health services provided through telehealth by a physician who is licensed in this state are reimbursable by the Medical Assistance program under this subchapter even if the physician providing the service through telehealth is located outside of the state.

(END)

Parisi, Lori

From: Hoisington, Joshua
Sent: Friday, October 18, 2013 9:16 AM
To: LRB.Legal
Subject: RUSH Draft Review: LRB -3279/1 Topic: Changes to mental health benefits and prior authorizations in Medical Assistance program; reimbursement for mental health services in Medical Assistance program

RUSH

Please Jacket LRB -3279/1 for the ASSEMBLY.